

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578976

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/			
2	/					
3		0		/		
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TOTAL IND.	8	↓	4	↓		↓
TOTAL DEP.	26	←	2	←		←
TOTAL CLAIMS	34		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						←